Book of the month

The Creation of Psychopharmacology

David Healy's latest book[1] is a hugely ambitious work which stretches from the time of the Enlightenment to the brave new biomedical world of the future. *En route*, it considers the emergence of asylum psychiatry, the rise and fall of psychoanalysis, the counter-culture's flirtation with hallucinogenics, the growth of the pharmaceutical companies, and the implications for mankind of the Human Genome Project. It is difficult to think of another psychiatrist who could have attempted such a grand narrative; even amongst historians, there has been a tendency to avoid such projects in preference to the small scale. An exception is the work of the late Roy Porter, with whom Healy bears some comparison. Both have combined erudition with accessibility to produce wide-ranging overviews of madness and its place in culture. Healy is well-placed to write such an ambitious book. He has an extensive knowledge, both of the historical literature and of psychopharmacology. He has also spent several years interviewing all the key figures in psychopharmacology, an enterprise which resulted in the three volumes of *The Psychopharmacologists*.

Healy's book is brimming with ideas. At the core is the seemingly prosaic tale of the emergence of the first antipsychotic drug, chlorpromazine. However, Healy invests this tale with great significance. He claims that the discovery of chlorpromazine was as important as the discovery of penicillin, and that its impact on society and the way we conceive of ourselves has been immense. We can discern at least three major themes in the book—first, the internal story of the discovery of chlorpromazine; second, the marketing of psychiatric drugs; and last, what developments in biomedicine tell us about ourselves.

The initial theme of the discovery of chlorpromazine proves to be a stirring story. Healy conveys the excitement of the early researchers in France as they administered the drug to their patients. Inmates awoke, Rip van Winkle-like, from the slumbers of their psychosis, and for many the world had changed completely. In the wake of the patients' return home, psychiatrists were obliged to venture outside the walls of the asylum. Thus, writes Healy, was community psychiatry born. He concedes that there is evidence to suggest that the asylums were emptying before the advent of chlorpromazine and that social factors played a part. However, he professes to find the argument as to why the asylums closed to be of secondary importance to the wider cultural ripples that chlorpromazine produced. The culture of psychiatry changed dramatically, most notably in America where psychoanalysis had ruled pre-eminent. Chlorpromazine was originally introduced to the United States by European emigrés who worked in the unglamorous back wards of public asylums. The new medication was rapidly judged to be more effective than psychotherapy, and its triumph heralded the dawn of biological psychiatry. The creation of DSM-III in the 1980s underlined psychiatry's commitment to the biomedical model.

The advent of chlorpromazine marked the first occasion on which a psychiatric drug would be profitable. Indeed this is an understatement: chlorpromazine proved highly profitable. Healy describes the complex growth of the drug companies with great subtlety. Before the 1950s the manufacture of psychiatric medication was not considered financially rewarding. Since then, the market has exploded and millions of prescriptions for psychotropic drugs are issued each year. Is this because we are now recognizing illness that would have gone undetected in the past? Are we becoming madder? Or, as Healy suggests, have the drug companies successfully persuaded society that it needs pills. He notes that the incidence of depression seems to have increased a thousand-fold in the last few decades. Is this a fact of clinical epidemiology or have the drug companies created the demand? Healy also notices that different prescribing practices obtain in the West and the East. In the East they still prescribe benzodiazepines and rarely use antidepressants. Healy asks, mischievously: is the West leading the way to some biomedical truth or is this an example of the West's own culture-bound syndrome?

Marketing determines culture: this is one of Healy's major contentions. It is the market rather than the intrinsic efficacy of the medication that drives developments. Healy argues that there is no convincing evidence that the SSRIs (selective serotonin reuptake inhibitors) help the more severe cases of depression, but drug companies have been successful in creating a huge demand for them. Further, drug companies create markets for their products, rather than creating drugs in response to the needs of patients. For example, shyness was renamed 'social phobia', and, by happy coincidence a remedy was available in the shape of an SSRI. More than ever before, the drug companies control the data on pharmacological research, and negative results may be hidden. A recent and disturbing trend is the employment by drug companies of supposedly independent academics. Their names are then used to lend a spurious air of scientific neutrality to research papers and conferences. The boundary between an impartial scientific community and the profit-led pharmaceutical corporations is becoming blurred. With the budgets of the drug companies dwarfing those of research departments, these trends look set to continue.

Healy asks what these developments tell us about the history of science. Does scientific knowledge grow incrementally in response to ever more finely designed experiments? Or do new data leave theorists scrambling to accommodate them in *ad hoc* fashion? Healy concludes that the latter model is more applicable to psychopharmacology. Indeed he argues we are becoming *less* rather than more rational in our development of new treatments. Fashion plays a great part. Healy recounts the overlooked history of lithium. The popular perception is that lithium first appeared in 1949, but Healy reveals that it was actually in use in the 1880s and prescribed for mood disorders. However, the therapeutic rationale for its prescription was the uric acid hypothesis. When this hypothesis became discredited lithium fell out of favour despite evidence that it was effective.

Healy places his account of the development of psychotropic drugs within a grand narrative of the philosophy of man. The story of the discovery of chlorpromazine, he argues, can be traced back to the Enlightenment. It is a story that has profound implications for the ways we see ourselves. The philosophical underpinnings of Healy's book are the most interesting but also the most contentious part. He writes: 'This is a story about the final death of vitalism, the notion that there is something special about human biology, something added by God or aliens perhaps'. But, to paraphrase Mark Twain, the reports of its death have been greatly exaggerated. Many thinkers do not accept that advances in the biological sciences have finally proved that human beings are nothing more than matter. The most recent voice to protest against this notion is that of Francis Fukuyama in his book, *Our Posthuman Future*, which argues that there is a indefinable 'Factor X' about human beings which is evident across cultures and historical periods[2]. Likewise Kenan Malik, in *Man, Beast and Zombie*,[3] has stressed the 'exceptionalism' of man. In fact, since the Enlightenment there have been many voices that contested materialist views of humanity. As Richard Smith[4] has shown, in his history of the human sciences, thinkers such as Dilthey, Bretano and Husserl have argued that the methods of the natural sciences are inappropriate to the study of man. In *The Varieties of Religious Experience*[5], William James mocked the 'medical materialists' of his day for their attempts to explain away the spiritual aspect of humanity, while RD Laing, in the twentieth century, argued passionately that the 'objective' medical gaze could not deal with the patient's inner world.

Healy gives little room to these dissenting views about the nature of man. Instead he sketches an account of what he calls the birth of the 'biomedical self'. It was, he writes, conceived during the Enlightenment when God was being dethroned and La Mettrie was proposing that man was a machine. At the end of the nineteenth century, psychoanalysis further undermined traditional views of the self. The 1960s, which witnessed great social upheavals and the counterculture's experiment with psychedelic drugs, produced a 'break in how we understand ourselves as great as the changes of psychoanalysis'. The DSM-III of the 1980s took us further down the road to the biomedical self. Healy holds that our experience is radically different from that of our predecessors and, as a consequence, we are radically different *people* from those who came before. We can read a novel from the past but we are deluding ourselves if we think we can really understand the world of its characters. Is this true? Again there are dissenting views. Harold Bloom, the distinguished literary critic, maintains that Shakespeare's portrayal of human nature still resonates with us today. We continue to read his plays because we can identify with the individual characters. Bloom presents a strong case for the continuity of the self over several hundred years, rather than the radical breaks that Healy envisages[6]. Looking to the future, Healy concludes: 'To believe that we will remain the same is unrealistic. We will change the biological basis of ourselves and our societies'. Whether we agree with this or not, *The Creation of Psychopharmacology* is one of the most original and thought-provoking commentaries on culture and psychiatry to appear for many years.

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REFERENCES

1 Healy D. *The Creation of Psychopharmacology*. London: Harvard University Press, 2002 [469 pp; ISBN 0-674-00619-4; £27.50]

2 Fukuyama F. *Our Posthuman Future*. London: Profile Books, 2002

3 Malik K. *Man, Beast and Zombie. What Science Can and Cannot Tell Us About Human Nature*. London: Weidenfeld & Nicolson, 2000

4 Smith R. *The Fontana History of the Human Sciences*. London: Harper Collins, 1997

5 James W. *The Varieties of Religious Experience*. London: Longmans, Green, 1902

6 Bloom H. *Shakespeare. The Invention of the Human*. London: Fourth Estate, 1999

Wellington's Doctors: the British Army Medical Services in the Napoleonic Wars

Martin Howard
260 pp Price £25 ISBN 1-86227-143-7 (h/b)
Staplehurst, Kent: Spellmount, 2002

For many years I have been a pacifist and only in extreme circumstances do I see any justification for acts of aggression. Perhaps naively I always hope that political discussion can avert war. Clausewitz's philosophy that war is merely an extension and continuation of politics is chilling. However, few would doubt, at least here in Britain, that Napoleon's advance across Europe had to be stopped. And of course this was achieved by Wellington at the Battle of Waterloo in 1815. But at what cost in loss of life and suffering on both sides? In his well-written and well-referenced book, Martin Howard details the organization of the British Army medical services during the Napoleonic Wars, concentrating on the role of the physician and more importantly the surgeon in caring for the wounded and sick at the battle front.

From 1808 the British Army fought numerous battles against the French culminating in Waterloo. Casualty figures during these wars were around 5500 officers and 84 000 other ranks killed or wounded. The overall fatality rate for those serving was around 1 in 20. Dr Howard describes in much detail the way in which British field hospitals were organized to take care of casualties. Transport of the wounded was very difficult. The French, mainly through their great military surgeon Dominique Jean Larrey, introduced triage and are credited with developing a form of ambulance service. On the British side such transport was often left to local Portuguese or Spanish peasants who could offer wagon carts and the like. The conditions were very uncomfortable and the wounded were often exposed to the elements. Furthermore the hospitals were frequently primitive in the extreme. Drinking water was unavailable and sanitary conditions were appalling. From statistical tables in the book it seems that in nearly three-quarters of those who died in regimental and general hospitals the cause was an infectious disease such as dysentery or typhus. Such conditions had changed very little by the Crimean War, when Florence Nightingale famously visited the military hospital at Scutari in 1854. Tolstoy described similar conditions in the Russian Army in *War and Peace*.

But it is when Dr Howard details the wounds inflicted and their treatment, often quoting from contemporary sources, that one realizes the real horror of the conflict. On occasion civilian doctors helped. One such was Charles Bell, the famed surgeon and anatomist who had no passport but at the port of entry merely showed his surgical instruments to officials. Many of his water-colour paintings of the wounded, some of which are reproduced in the book, are exhibited at the Royal College of Surgeons in Edinburgh. A quotation from Bell gives the flavour:

> 'At six o'clock [in the morning] I took the knife in my hand, and continued incessantly at work till seven in the evening; and so the second and third day. All the decencies of performing surgical operations were soon neglected; while I amputated one man's thigh there lay at one time thirteen, all beseeching to be taken next; one full of entreaty, one calling upon me to remember my promise to take him, another execrating. It was a strange thing to feel my clothes stiff with blood, and my arms powerless with the exertion of using the knife.'

There were of course no anaesthetics. The pain of an amputation must have been excruciating. Speed was therefore of the essence and none at the time matched the speed of James Syme, an Edinburgh surgeon, some years later, who could amputate a leg in little more than a minute. A surgeon during the Napoleonic Wars was more likely to take half an hour. The mortality rate among those undergoing a primary operation at the battle site varied from 5% for a forearm to 35% for a thigh. Most serious head wounds were not considered for treatment at all.

An interesting sideline to this commentary on the medical services at the time was that overuse of alcohol was almost the rule among the troops. This was encouraged by the prevailing views that it actually gave protection against disease and was important for maintaining morale. As a reflection on contemporary health and nutritional standards in the communities from which recruits came, around one-third of applicants were considered unfit to serve on medical grounds.

This detailed analysis of the British Army medical services in the Napoleonic Wars will provide a rich source of information for medical historians. A suitable epitaph might be taken from Wellington himself, who, after Waterloo commented:

> 'Well, Thank God, I don't know what it is to lose a battle; but certainly nothing can be more painful than to gain one with the loss of so many of one's friends.'

Many even today would agree with these sentiments.

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Disorders of Body Image

Editors: D J Castle, K A Phillips
164 pp Price £31 ISBN 1-871816-47-5 (h/b)
Petersfield: Wrightson Biomedical, 2002

General adult psychiatrists commonly encounter patients with unusual attitudes to their bodies, often in connection with eating disorders. The condition of body dysmorphic disorder (BDD)—in which the patient is preoccupied with an imagined or exaggerated aspect of the appearance—is more rarely seen, especially in the National Health Service, where more severe mental illnesses get priority. When we do see patients with this condition, they tend to be difficult to help. Sometimes the referral comes from a general practitioner who wishes to know whether a patient's request for cosmetic surgery is appropriate. For all who deal with such patients, Castle and Phillips' short book is packed with clinically useful information.

Whilst the title suggests that the book addresses all disorders of body image, the focus is on BDD. This is fair enough since there are already many texts on eating disorders; only one chapter deals specifically with eating disorders, although basic-science chapters include information on anorexia nervosa, bulimia nervosa and obesity. The book also offers clinically relevant chapters on body image in general psychiatric disorders and body image disorders in childhood. However, the editors are particular authorities on BDD and in three chapters they provide an account of its diagnosis and management. As well as a general account of the epidemiology, diagnosis, clinical features and management of BDD, there are detailed descriptions of psychopharmacological and cognitive–behavioural treatments.

The clinical chapters are preceded by accounts of basic research in body image. Neurological and anthropological evidence is supplemented by a fascinating chapter on the brain physiology of disgust as an emotion. Beyond psychiatry, it seems that as many as 7–16% of patients seen by cosmetic surgeons and dermatologists have BDD; and, whereas most individuals who have cosmetic surgery perceive their body image to have improved, some 80% of patients with BDD are dissatisfied with the results of treatment. The more detailed chapters on treatment of BDD are clearly relevant for psychiatrists and psychologists treating the condition. The chapter on cognitive–behavioural treatment requires some knowledge of specific methods (e.g. downward arrow technique) but this can easily be acquired from textbooks. They have offered a useful overview of cognitive–behavioural strategies that can be applied in BDD—such as response prevention exercises with mirror use and cognitive restructuring—though the scientific basis for such treatments is not made clear. The advice will be valuable to psychologists as well as psychiatrists. With psychopharmacological treatment the focus is on selective serotonin reuptake inhibitors but other treatment options are discussed. Throughout the book, research references are up to date and comprehensive. The evidence base consists mainly of studies with small numbers; few randomized trials have been done.

Disorders of Body Image—well written and signposted with clear subheadings—will be a useful work of reference for general psychiatrists who see the occasional patient with BDD; we therefore recommend it to libraries in mental health trusts. Psychologists will find it helpful in cognitive–behavioural therapy, and psychiatrists with a special interest in BDD (most of whom will be in private practice) will wish to have their own copy. Cosmetic surgeons too.

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How to Survive Peer Review

Elizabeth Wagner, Fiona Godlee, Tom Jefferson
62 pp Price £12.95 ISBN 0-7279-1686-6 (p/b)
London: BMJ Books, 2002

Peer review is considered a fundamental tenet of scientific publication. The ambitions of many an author depend on it; yet little is formally taught about the process. Advice tends to be anecdotal and highly subjective. Wagner, Godlee and Jefferson, three experienced editors in scientific publishing, have written a concise and often witty guide to peer review in six chapters. Their advice is directed not only to those on the receiving end but also to peer reviewers themselves—an acknowledgment that faults occur on both sides. I found two chapters particularly interesting. The first is the title chapter, which deals with overcoming peer review related to journal publication, conference abstract submission and grant application. It offers a didactic checklist for the aspiring author to follow, starting with advice on how to choose your journal. This is the kind of information that you might otherwise acquire through bitter experience or from a colleague who has successfully published. The chapter then goes on to outline the various ways a journal may respond to your paper after peer review—rejection, acceptance, conditional acceptance—and how you cope with these.

Throughout this guide, summary boxes reinforce the ideas being presented. The novel aspect to these boxes is the use of irony. For instance, one box is titled 'How to

ensure that your paper is rejected', with eighteen suggestions to irritate the editor. These include 'on no account read the instructions to authors' and 'insert figures and tables into the text as the whim takes you'. The summary box on how *not* to get your abstract published has similar bulleted suggestions, including 'pick the conference solely by the exotic destination' and 'prepare your abstract on your aunt's ancient typewriter'. The other chapter which I particularly enjoyed was on informal peer review. This includes asking a colleague (usually your boss) for an opinion on a piece of written material, and also advice on how to provide constructive criticism when asked. The summary box on how *not* to carry out informal peer review is worth the price of the book itself and will ring bells with anybody who has had to submit a thesis. Examples are 'phrase your corrections with as much emotion as possible', 'sound increasingly exasperated as you progress through the manuscript', 'act on the basis of ignorance' and 'hold your prejudices to the fore'.

I must point out that this book is not frivolous but uses irony to make its points. Easily read in an evening, it provides an excellent and amusing introduction to peer review.

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A Guide to Medical Publishing and Writing

Hospital Medicine Monograph
Editor: Peter Richardson
145 pp Price £8.50 ISBN 1-85642-222-4 (p/b)
Dinton: Quay Books, 2002

Medical schools do not teach much on the processes of medical writing and publishing. Newly qualified doctors, whatever their specialty, soon discover that a poorly presented *curriculum vitae* can lose them the job they want. Most senior house officers and registrars must also generate peer-reviewed publications if they are to progress in their chosen specialties. The most important thing when writing a book about medical publishing and writing is to avoid dullness. Peter Richardson and his contributors have succeeded in this respect. The major strengths of his *Guide* are that it is short and easy to read. Despite being small enough to fit in a pocket to be read on a train, it contains contributions from 14 experts and covers a wide variety of topics such as scientific papers, case reports and books. I liked the way key points are highlighted at the end of each chapter, with references for further reading. Some relevant topics are not covered. A chapter on how to write a research grant application would have been welcome. Also a chapter on journal impact factors would have been useful to explain what they are, their advantages and disadvantages. The downside of including more chapters, however, is an increase in size.

No book, of course, can convey the full art of writing research papers, case reports, peer reviews, critical letters and so on. There is a useful parallel here with surgery: one will not learn how to perform an operation just by reading about it. The best way to start is under the guidance of somebody more experienced.

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Atrial Fibrillation in Practice

Gregory Y H Lip
68 pp Price £14.95 ISBN 1-85315-484-9 (p/b)
London: RSM Press, 2002

With rapid advances in our understanding of atrial fibrillation, the focus in clinical practice is switching from prevention and palliation to complete cure. For information on the subject, clinicians can turn to numerous websites, and the topic is covered in many textbooks. However, Professor Lip and his publisher have identified the need for a pocket-size book on this most common of arrhythmias. In 68 pages and nine chapters he concisely covers all major aspects of atrial fibrillation from epidemiology to management strategies.

The book is intended especially for internists, general practitioners, junior physicians and medical students, yet Professor Lip's simplification of the pathophysiology and electrophysiological mechanisms and pharmacological management will not rob it of interest to cardiologists or even cardiac electrophysiologists; indeed, it will prove a good reference source on the subject. Although a 'British' theme is evident throughout the book, especially in the chapters on epidemiology and management strategies, the coverage of all issues is based on worldwide research.

On the inside of the cover is a simple flow diagram for management of atrial fibrillation that will help clinicians choose a pharmacological treatment and decide when to refer to a specialist centre for non-pharmacological therapy. In the USA, we are seeing increasing use of non-pharmacological methods—especially radiofrequency ablations—as adjunctive and at times curative modalities. The remarkable economy of space is achieved by liberal use of tables, boxes and bullet points; each chapter ends with a useful list of references as 'further reading'. The quality of illustrations is good, and tables on pharmacological agents

(referring to classification, route of administration, dosages and potential adverse effects) offer a quick and reliable source of information. Professor Lip has succeeded brilliantly with this brief guide.

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Historical Atlas of Dermatology and Dermatologists

J T Crissey, L C Parish, K Holubar
234 pp. Price £62.99
ISBN 1-84214-100-7 (h/b)
London: Parthenon Publishing, 2002

Dermatology remains a mystery to many doctors, and will do so increasingly as its toehold in the medical curriculum is eroded (in some medical schools it no longer features at all in the undergraduate curriculum). The history of the specialty, which began to develop as a distinct entity in the nineteenth century, is a fascinating subject. Skin disorders that we now regard as trivial—impetigo, head lice, scabies—were common and untreatable. Syphilis, with its protean cutaneous manifestations, was rampant and incurable. Simple bacterial infections of the skin could lead to septicaemia and death. The early descriptive dermatologists were remarkable clinical observers. Jonathan Hutchinson, for example, was the first person to describe sarcoidosis, lentigo maligna melanoma, melanoma of the nail bed, Peutz-Jegher syndrome (and its association with intussusception of the bowel), arsenical keratosis, Hutchinson's teeth (in congenital syphilis); the list is far from complete. Few doctors confined their interests to the skin alone; Erasmus Wilson, regarded by many as the leading dermatologist of his era, found time to bring Cleopatra's needle to London and amass a fortune on the stock exchange. The illustrations and clinical descriptions produced put many of our present-day efforts to shame. The changes that have occurred in therapy are also remarkable: much of the early therapeutic use of X ray was in the treatment of benign dermatological disorders (it continued to be widely used for childhood ringworm until 1958).

Dr Crissey and his coauthors, all distinguished dermatologists and collectors of 'dermatological memorabilia', have produced a book containing a remarkable collection of illustrations, of dermatologists, of their original papers, of their clinical cases, and related material. They have interlaced this with descriptions of their subjects, and the significance of their work. There is much to fascinate and enchant any dermatologist with any sense of history. The advertisement for do-it-yourself X-ray equipment and the illustration of the first picture of the scabies mite are just two examples among many. The text likewise has plenty to capture the imagination: Kaposi (of the eponymous vascular tumour) changed his name from Cohen, because he thought that it would help his career if he sounded less Jewish.

This is not a history of dermatology, and should not be bought by anyone expecting it to be so. There is no theme of progression from one topic to the next, and much is omitted (for example, there is no mention of penicillin). The work might best be described as a scrapbook assembled by three enthusiasts for their subject, whose love of dermatology shines through the pages. As such it is enormous fun, and would make a perfect Christmas or birthday present for your favourite dermatologist.

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Retiring from Medicine: Do you Have What It Takes?

Editor: Harvey White
136 pp Price £12.95 ISBN 1-85315-502-0
London: RSM Press, 2002

There is a seductive logic in following up a successful guide to embarking upon a career in medicine (*A Career in Medicine: Do you Have What It Takes?*) with one on retirement, for which we may be even less prepared. There are two equally sad stereotypes among our colleagues. There are those who, from middle age onwards, become progressively disillusioned, and who can hardly wait to quit the National Health Service. Almost more pathetic are those whose apprehension becomes more and more tangible as the day approaches, and who dread the loss of status and the lack of a structured day which retirement brings in its wake. Members of the latter group are often to be found ghosting around the hospital corridors long after they have officially left, attending meetings and fiercely defending their laboratory bench space. The academics among them may feel convinced that they owe the world one final book, or read the journals assiduously solely to reassure themselves that papers still cite their seminal work published in the early sixties.

Harvey White has assembled a formidable team of contributors, many of them familiar to readers of the *JRSM*, for the important tasks of counselling these unhappy people and informing the better adjusted. Retired doctors differ enormously in age, fitness, circumstances, and attitudes, and the variety of the topics discussed reflects this diversity. Some chapters are more enjoyable than others, but some aspects of later life are more enjoyable than others and most

of the subjects one would like to see mentioned are included, in greater or lesser detail.

The book starts with an eloquent commercial for the Retired Fellows' Society of the RSM, an institution that provides much pleasure to its growing membership. This is perhaps best seen as an indication of what *can* be done, if like-minded people get together, particularly in large cities and university towns. This is followed by a very sensible attempt to address one of the most important questions that crop up on retirement—namely, whether to relocate to a more agreeable clime, or to a rural idyll. It is a pleasure to find another commercial, this time for marriage, by an author who readily admits to a broad experience of the matter. There is some good advice on a subject that worries many of us who fear that our old hospital is rapidly becoming staffed by a generation unfamiliar with the outstanding service we unsparingly gave it—private medical insurance—and then a convincing case for the benefits of exercise. There is, inevitably, a little duplication, and the broad canvas of 'Lifestyle' reverts to this theme, as well as covering obesity and diet. 'Continuing part-time work' is set within the context of the tendency towards earlier retirement and is a fund of good sense, and 'Life-long learning' explores some of the ways of pursuing new interests and provides some useful further information. The section on travel caters for the less adventurous as well as the intrepid, even if the author appears more at home in a remote and mountainous region of Asia than in a cosy European capital, and again provides valuable sources. This is followed by a couple of entertaining chapters on sculpture and painting, and history, writing and editing. An essential topic in a book such as this is computing, and first-class if necessarily brief guidance for beginners is provided. The next subject matter is entertainment, which has an unavoidable bias towards London but which is nationwide in its scope. After this, the reader is treated to the experiences of a politician whose retirement date was precipitated by a general election, before entering the more serious world depicted in the last six chapters.

The final six chapters deal with much graver themes—financial matters, frailty (including choosing a care home), depression, bereavement, death. All are dealt with sensibly and sensitively. It may be invidious to select one particular topic, but for many the modest outlay for the book will be justified simply by the advice on writing letters of condolence—a very difficult undertaking which we all face with increasing frequency. Nuggets like this may not be evidence-based, but by the time the evidence is available we ourselves will have gone through the next rite of passage. Few doctors entering their third age will not find something of interest in this little book.

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